

## ITEM NARRATIVES

### Outcomes

#### **Safety Outcome 1:**

**Children are, first and foremost, protected from abuse and neglect.**

#### **Item 1: Timeliness of initiating investigations of reports of child maltreatment**

A key concern noted in the CFSR was inconsistency in the initiation of investigations of child maltreatment reports or establishing face-to-face contact with the child subject of the report in accordance with the State-established timeframes. It was further noted that Children's Division is not consistently effective in preventing the recurrence of child maltreatment within a 6-month period.

Missouri's policy regarding Safety Outcome 1 is based in law. RSMo. (Revised Statutes of Missouri) 210.109 establishes Missouri's child protection system. RSMo.210.145 establishes time frames for initial responses. The Children's Division has continuously worked to improve the tools that identify reports of child maltreatment as well as assessing the potential for recurrent reports of maltreatment. These policies and tools are based on Children's Research Center best practice beginning from the time the report is received, screening initial calls and appropriately assessing the safety and risk to the child and family.

This information is captured on a child abuse/neglect form known as the CA/N 1. During the research for the PIP, a discrepancy was revealed between the definition of the term "initiate" as written in statute and the procedure for documenting "initial contact" on the CA/N 1. As a result, policy language must be clarified as well as form instructions regarding timeliness of response to reports of child maltreatment. Although statewide policy is based on statute, there continues to be a lack of clarity regarding definition as well as the actions required. In addition, the CA/N automated system requires staff to enter "*initial contact date and time*". This notation, per policy, is the date and time CD staff makes face-to-face contact with the subject child. This may not accurately reflect whether another member of a multidisciplinary team saw a child within the 24 hour time period. Other issues requiring clarification include: who may conduct face-to-face contact within the 24 hour timeframe, and why delayed contact of the worker is identified as a result of a face-to-face contact made by a multidisciplinary team member. Through this clarification process, the entry fields may remain the same with a change in definition for the date collected or this may lead to systems entry field enhancements. Once these clarifications are completed, additional systems entry codes will be developed to capture accurate data.

In order for staff to respond to reports of maltreatment in a timely manner, caseloads must be re-aligned. Each circuit will evaluate staffing levels and the ability to respond timely to reports of maltreatment. Based on this assessment, local protocols for management of responses will be established and caseloads assigned per this protocol. Staffing resources will be targeted to circuits with the highest staffing need.

Another strategy for caseload re-alignment is developing an alternate process for handling non-CA/N referrals. Such a process will soon be piloted in Jackson, Clay, and Platte Counties wherein Mandated Reporter referrals (“M”) and Protective Services referrals (“P”) will be referred to staff in the Family Support Division. Frequently, non-CA/N referrals address family needs such as housing, medical assistance or child supervision in daycare. Family Support Staff will be able to respond to the concerns for the family and will be able to assist in the provision of services. The goal of this pilot program is to ensure children are safe while diverting non-CA/N related concerns directly to service providers. In addition to this pilot, a workgroup will be convened to analyze the potential for privatizing responses to non CA/N referrals.

The new call management and Structured Decision-Making (SDM) protocols implemented at the Central Registry Unit (CRU) will provide consistent screening and classification of calls received. Through the improved screening effort, a more uniform process will be institutionalized for accepting calls made by mandated reporters and other miscellaneous reports, which do not rise to the level of abuse or neglect and do not require a formal investigation. Use of this protocol will assist in consistency of the initial classification of reports received. Once the protocols are completed and remaining CRU staff is trained, a quality assurance peer record review tool and supervisory review tool will be developed for monitoring. Once the monitoring tools are in place, the hotline protocols will be automated.

## **Item 2: Repeat Maltreatment**

SDM is a case management model designed to bring structure and consistency to the critical decision making process through the use of assessment tools that are objective, comprehensive and easy to use. The SDM tool is designed to assist child welfare staff with the most appropriate responses to Child Abuse and Neglect reports, both in making the decision to accept the initial report, as well as the level of response needed to address the allegation of abuse/neglect reported. Moreover, the tool assists child welfare professionals in assessing safety and risk to the children in the home.

One goal of SDM is to reduce subsequent harm to children. SDM tools assist workers in the identification of critical factors within the family that could affect future harm to the children in the home. The tools help workers make more consistent and reliable decisions on the need for services aimed at alleviating abuse and neglect situations in families that are at “high risk” for future harm to

the child/ren. Coupled with information taken from past reports received on the family, the tool assists workers in establishing a pattern of behavior that will help determine the necessary services to reduce subsequent harm to children.

The SDM tool allows staff to make decisions that are consistent throughout the state and eliminates bias that might affect the worker's ability to objectively understand the problems and needs of the family. The tool helps identify "high risk" families for workers so that resources can be targeted to families with the greatest need, thus reducing the occurrence of future harm to children.

To ensure consistent and accurate completion of the SDM safety and risk assessment, BASIC training will be enhanced to include this SDM component and an in-service training for SDM will be developed. The standardized supervisory review tool will include SDM risk and safety assessment requirements.

To address the issue of child maltreatment in foster care, Missouri purchased the *Confirming Safe Environments* (CSE) curriculum developed by ACTION for Child Protection in 2003. CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. These test sites will be expanded to all staff in each test site and will include investigative staff as well. During this expansion, the division will also be building capacity to train the curriculum in-house, and expansion will be evaluated to determine how the curriculum in its pure form should be modified to meet Missouri's need. Statewide rollout and training will be completed by December 2006.

Repeat maltreatment will also be reduced through strengthening division policy and practice related to chronic neglect and the accumulation of harm that a child experiences in cases of chronic neglect. St. Louis has a chronic neglect initiative that will be analyzed for statewide applicability. A statewide analysis will be done on families that have multiple reports of maltreatment as well. After this analysis, the division will apply for a Title IV-E waiver for a chronic neglect pilot. Based on the evaluation and outcomes of the pilot, a chronic neglect in-service training curriculum will be developed.

### **Safety Outcome 2:**

**Children are safely maintained in their homes whenever possible and appropriate.**

### **Item 3: Services to family to protect child(ren) in home and prevent removal**

The CFSR found the agency had not consistently assessed the needs of and made provision for services for the child, parents, and foster parents to meet

identified issues. One problem included incomplete assessments for parents and children. It was noted that some Stakeholders interviewed reported the Children's Division was effective in assessing needs and identifying services, but service access was difficult. In some instances, funding for services for family members was a challenge.

Since the late 1990's, Missouri has been moving to a policy and practice which requires family and community involvement through the Family-Centered philosophy, and Family Support Team practice. As policy and practice has evolved over time, additional assessment tools have been added. As a result, assessment tools have become disjointed and may be lacking comprehensive views in case planning. Symptoms are addressed but underlying issues may not be identified. Goals tend to be general, are not behaviorally specific, and in some circuits in the State, may be driven more by the courts than the Family Support Team or based on identified assessed needs. Services to children and families tend to follow a cookie cutter approach and do not address the needs of the underlying issues of the family and the child. An example of this is treatment plans and court orders requiring services like a parent class instead of outcomes such as identifying the new skills a person will learn and how they will demonstrate that will prevent future harm.

As the agency moves forward with new programs and assessments, care will need to be taken to assure assessments and case plans compliment one another. To achieve this goal, technical assistance from The National Resource Center (Steve Prester, as well as Lorri Lutz) was sought. A gaps analysis was conducted by the Center of the family assessment (CD-14) and child assessment and case plan (CS-1). Based on this gaps analysis, the family assessment tool (CD-14) has been revised and is scheduled for field testing. Once input from the field test is evaluated and analyzed, adjustments to the CD-14 will be made and the revised policy and revised CD-14 will be distributed to all staff. These tools are expected to be incorporated into SACWIS development.

Strengthening workers' family engagement skills through training and supervision will enhance the Family Support Team process and assist in assuring those at the table have a voice in planning. Focus groups composed of workers, supervisors and circuit managers will be conducted in three circuits across the state to identify clinical support needs. Additionally, an abbreviated practice development review (PDR) will be performed to establish baseline information. The information from focus groups and the PDR will be analyzed and incorporated into discussion guides and a training curriculum for workers. The "discussion guides" will be utilized in the field to assist staff in engaging families and in case plan development. The curriculum will include topics such as service planning, basic writing skills and concurrent planning. Once feedback from the training is obtained, the curriculum will be updated and further plans for expansion will be designed.

Improvement in supervisory capacity to monitor case planning practice is critical to quality supervision. The division will develop and adopt a standardized supervisory case review tool that will be used by supervisors to ensure best practice and to assist them in their clinical consultations with supervisees.

In-home services are available to children and families through Children Treatment Services (CTS) funds. Over the last few years, there has been a reduction in the overall state budget, which has resulted in confusion regarding the amount of dollars available through CTS for services. As a result of overall budget cuts, staff has used CTS funds sparingly, or not at all, accessing Medicaid services when available. A concern is that some families are not receiving all the needed services due to failure to access CTS funds, as well as long waiting lists for Medicaid services (such as counseling and dental services). This situation has the greatest impact on the amount of services provided to intact families. Procedures to access various service funding streams will be established and put into a clear and concise service funding access grid that staff can use for quick reference.

The "System of Care" initiative has increased the level of cooperation among the child welfare, mental health, education and court systems. The goal of this initiative is to divert children from the child welfare system, who need mental health services but are not at risk of abuse or neglect from caretakers. The agencies recognize that for some children no one agency may have the ability and/or resources to adequately meet the multiple service needs of those struggling with psychiatric, developmental and/or substance abuse problems. The "System of Care" is an effort to coordinate the resources of multiple agencies to remove system barriers that might otherwise result in children not accessing all needed services. The structure allows for a review of procedures that could create barriers to service delivery and encourages the resolution of these issues at the lowest possible level. Also, difficult issues are brought to the attention of agency staff that have the ability to review policy and procedures that change or eliminate barriers to service provision. Continued cooperation and collaboration between the Children's Division and community partners will increase the ability to provide optimal care to the children and families of Missouri.

Dr. Ivor Groves and Ray Foster from Human Systems and Outcomes Incorporated have collaborated to develop an evaluation process, specific to the Missouri System of Care for children who have been identified as needing mental health services but are not at risk for removal from their home environment. This tool mirrors Missouri's current PDR process in that family members and providers are interviewed to assess the overall status of the child as well as the system's functioning. A multi-disciplinary review team made up of persons involved with the System of Care is conducting the reviews. An initial review site has been determined and the review date has been established.

**Item 4: Risk of Harm to Child**

Refer to S1.2.1 SDM is a case management model designed to bring structure and consistency to the critical decision making process. The Children's Division is working to reduce the risk of harm to children by consistently implementing SDM statewide to assist staff in identifying high-risk families and providing the necessary services and level of resources based on their needs. (See Training Section VII).

ASFA requires that at the time a child is placed, the safety of the placement is assured. Further, ASFA requires that the case plan include information on how the safety of the placement was considered and that a six month review be conducted of the safety of the placement. In an effort to comply with this ASFA requirement and ensure the safety of children in kinship and foster care placements, Missouri has purchased the *Confirming Safe Environments (CSE)* curriculum, developed by ACTION for Child Protection.

CSE is an ongoing work process used to assist staff in assessing and monitoring safety and risk to children placed in kinship or familial foster care settings. This curriculum was initially tested with 25 staff in four counties in the state: St. Louis City, Greene, Pettis, and Cooper County and included only alternative care and licensing staff. These test sites will be expanded to all staff in each test site and will include investigative staff as well. During this expansion, the division will also build capacity to train the curriculum in-house, and expansion will be evaluated to determine how the curriculum might be modified to meet Missouri's need. Statewide rollout and training will be completed by December 2006.

Background screening requirements when licensing and re-licensing foster, kinship, relative and adoptive resources will be expanded to include respite and court ordered providers. These enhancements will include registration with the Family Care Safety Registry, fingerprints for criminal records searches by the Missouri State Highway Patrol and Federal Bureau of Investigation, searches of Case.net and circuit court records as well as contact with child protection agencies in previous states of residence.

The National Resource Center for Youth Services at the University of Oklahoma was contacted by the Residential Program Unit to help develop a curriculum to increase safety and nurturance of children in a residential care setting. Roundtable discussions will be held with CEO's of the residential agencies to support the effort of training front line staff in the child care agencies.

**Permanency Outcome 1:**  
**Children have permanency and stability in their living situations.**

**Item 5: Foster Care Re-Entries**

This item was found to be substantially achieved.

**Item 6: Stability of Foster Care Placement**

Missouri's legacy system does not support the ability to track kinship placement types, therefore, it does not accurately report the number of kinship placements for children in care. The Children's Division will resolve this issue by creating logic that will track the various kinship placement types, identifying kin as related and non-related, as well as licensed and non-licensed. Once the logic and system changes are completed, policy reflecting these changes will be updated and distributed to staff. No training is expected for this change in policy.

Targeting services to children and families plays a major role in the stability of a child's placement. Services must be based on the child's need, which requires individualized treatment plans. The appropriateness of services provided to children will impact their success in placement. See Case Planning and Service Array.

Early identification of kinship providers is an important step in this process. Kin may be identified through an assessment tool given to the family as well as through continued searching by the worker throughout the life of the case. This topic should continually be discussed at family support team meetings if there is no identified permanent placement resource. The Children's Division's will partner with the Family Support Division and the Office of the State Court Administrator and establish a protocol to utilize already established mechanisms to expand diligent search efforts. Agreements will also be established with other state agencies to access their databases in diligent search efforts. Once these resources are available to the Division, policy will be distributed to staff.

Family Support Team meetings provide an excellent medium to staff cases and to address issues with multidisciplinary team of individuals. CD will begin conducting Family Support Team meetings with High-risk, intact families at the point it is determined there is a risk of out-of-home placement. The family can benefit from services from community agencies, in order to prevent removal. At the time of the Family Support Team meeting, concurrent planning will take place and effort will be made to identify relatives in case removal does ultimately become necessary. Relatives may be asked to participate as active team members early if it is determined that they may be a positive resource for the family. Division staff is already trained in the practice of Family Support Teams; therefore, minimal training should be necessary. Rather, a change in approach will need to occur.

When a child is at risk of placement disruption from a current provider, or when a child has experienced multiple placements, a special Family Support Team

meeting will be called to address the issue. This meeting will assist in identifying the needs of the child and the family, preventing further moves and increasing the stability of the child so that their number of placements will be minimal.

Issues regarding resource families transect all aspects of permanency. Unless needs regarding resource families are addressed, improved performance in all aspects of Permanency will be severely compromised. An area needing intensive focus is the overall increase in available foster, adoptive and kinship resource families. To make the best possible match when children first come into care, a wide variety of resource placements is needed. Otherwise, children experience increased moves, delays in achieving adoptive permanence, increased trauma and the youth's development is hampered rendering attempts at independent living and other planned permanent arrangements less likely to succeed.

An improvement in the State's procedures regarding family resource development is required. Although contracts exist for this purpose, a renewed focus on their efficient and performance-based use is critical. The Children's Division has accessed technical assistance, and performance based contracts are being developed. The CD will implement and monitor these contracts for improvement. Better support of licensing and recruitment staff will enhance their functioning. A plan for developing incoming calls and inquiries regarding foster/adoptive care needs to be devised, maintained, evaluated and refined. This plan and our recruitment efforts will be coordinated with national recruitment efforts and Missouri will maximize the use of Federal programs in this area.

Older youth continue to be a priority in developing an effective recruitment plan. The number of older youth waiting for permanency continues to increase and is a national issue. A video, starring Missouri youth, has been developed and distributed across the state for use in recruitment of families for youth. These videos will be used in pre-service STARS training classes.

In June, 2004, The Collaboration to AdoptUSKids will launch a media campaign, which will be three years in length. The focus of this campaign will be older youth. The Recruitment Response Team for Missouri will maintain contact with prospective foster/adoptive families that respond to this campaign and assist these families in getting enrolled in Foster/Adoptive parent training. The current resource contract is currently under reconstruction, and will address the need for our contractors to focus on older youth recruitment.

Resource Development contracts have been awarded for the last several years. These contracts are in the process of being re-written to include performance-based requirements that will allow our agency to utilize these resources more effectively.



Successfully matching children with out-of-home providers upon their entry into care should decrease the number of moves a child makes while in care. There are believed to be some “critical factors” in matching that impact placement stability. Such factors include the difference between the age of caregiver and the age of child, placement of children in non-same race homes, keeping large sibling groups together, etc. To strengthen the matching process the Children’s Division will access technical assistance from the National Resource Center for Foster Care and Permanency Planning to attain technical assistance in identifying the “critical” factors in placement success/failure. A survey will also be conducted with resource families to identify factors in placement success/failure. When identified, a tool will be developed to assist in the team decision-making process, and policy will be developed and shared with staff.

#### **Item 7: Permanency goal for child**

The CFSR indicated a concern that “true” concurrent planning was not taking place consistently across the state. The Division owns the Concurrent Planning curriculum developed by Hunter College and will re-train staff, as well as add the expectation to develop a concurrent plan for each child in care, to the employee’s performance expectations. The effectiveness of concurrent planning will be measured through Peer Record Reviews. Concurrent planning training will address engagement skills, goal setting, change, effective resources, road blocks, courtroom skills, quality of contact with parents and working with parents regarding their denial for need for care.

As stated in Item S2.3.2, concurrent planning is not consistently practiced across the state. The case file may reflect a concurrent goal; however no concurrent efforts are being acted upon. True concurrent planning will help expedite the achievement of the case goal in that equal efforts are occurring simultaneously for two different goals. The Children’s Division’s Child Welfare Manual does not provide clear guidelines on how to complete “true” concurrent planning. The manual will be updated with a concurrent planning section where staff can obtain information as needed.

Program Enhancement Teams (PET) will be utilized to shape practice and monitor outcomes. PET teams include staff with a variety of strengths, which are accessed as needed to support practice improvement.

Family Support Team meetings, by policy, are to be held monthly until the case is adjudicated and then every six months thereafter. At each meeting, the child(ren)’s case goal is re-evaluated by a multi-disciplinary team to determine appropriateness. To increase accountability, as part of the circuit self-assessment, completion rate data will be gathered and reviewed corrective action plans implemented as needed.

Establishing a permanency goal for a child is key to determining the case plan. It is imperative that staff understand family dynamics and case situations and how

those impact the permanent plan for the child and family. ASFA provides some guidelines outlining situations, which immediately cause a case goal to be adoption. Collaboration with the courts to provide cross training to new judiciary, court staff, GAL's and Children's staff on ASFA and permanency hearings will assure consistency across the state regarding state and federal regulations. The Children's Division will partner with the Office of the State Court Administrator (OSCA) to develop a training curriculum.

### **Item 8: Reunification, Guardianship, or Permanent Placement with Relatives**

As detailed in P1.6.1 a-c, the steps taken to track kinship placements are critical in the accuracy of our outcomes in this area. While Missouri policy strongly encourages workers to use kinship placements and kinship placements are used by workers, without changes to the data system, reporting will not accurately depict practice.

Appropriate services for children and families are an essential component toward reunification. Please see S2.3.4.a and b.

The family support team meeting is the setting for developing a service plan to achieve the child's case goal. The FST meetings are intended to support the family in making changes to assure safety and permanency for the child. By improving the rate of occurrence for family support team meetings the Children's Division will improve stability, assist the family in reaching the case goal more quickly, and conduct better aftercare planning to reduce re-entries. Refer to P1.7.2 a and b.

In order to ensure more frequent FSTs, policy must be revamped to state that the FST must be held monthly up to six months and then quarterly at a minimum after six months. Additional FSTs should be encouraged in the case of foster care disruption or if need dictates. Child participation in FSTs will be monitored, as children, who are mature enough to participate, will take more ownership in their plan when they are included in the process. The use of concurrent planning within the FST process, as mentioned in P1.7.1 is integral to developing a timely permanent plan for children and in seeking our resources.

Steps outlined in P1.7.3 a-e regarding the collaboration between new court staff and new Children's Division to ensure consistency of ASFA and Permanency hearings will impact the ability to work towards reunification and permanency with relatives.

To establish the goal of guardianship more expeditiously, Missouri law will need to be amended to allow Juvenile Courts the ability to enter temporary custody orders and transfer jurisdiction to Probate and Circuit Courts. To do this, the

Children's Division will work in conjunction with the Department of Social Services to draft a proposal and obtain a legislative sponsor for the bill.

#### **Item 9: Adoption**

Filing procedures for Termination of Parental Rights (TPR) vary across the state. Filing issues and docket management will be best resolved when completed on a circuit-by-circuit basis. However, the first step is for the court and the Children's Division to have a common understanding on the criteria a case must meet in order to pursue TPR. To accomplish this, the Children's Division will develop written procedures for filing TPR, which will be provided to all staff. Each circuit office will meet with their judiciary to establish a process for expeditious filing of TPR case.

As stated in the Final Report, the most significant barrier to achieving adoptions was the agency's failure to file for TPR in a timely manner. In many cases, the Juvenile Office files a petition for TPR; however, it is also the prerogative of the agency to do so when in the child's best interest. CD will be seeking access to additional resources to increase access to legal representation, as well as working with the courts to share data from its information with the courts regarding hearing tracking as the courts have no statewide tracking mechanism. A supervisory review tool for determining TPR or documentation of compelling reasons will also be developed. With the help of screening procedures, the supervisor will have guidelines for determining if filing a TPR petition is in the best interest of the child.

As stated in P1.6.5. a-f, an increase in the number of resource families is essential in the Division's ability to find adoptive resources for the children in need of permanency. By awarding performance based permanency and resource contracts, as well as increasing the number of staff as needed throughout the state, the Division's ability to increase the number of home studies for prospective families will increase. The contracts will provide performance expectations for contracted services, which will net the Division with better equipped adoptive families

Improved access to legal representation will allow the Children's Division staff to file terminations and adoptions timelier. Current legal resources are scant due to budgetary cuts to the Division and to the court system as well as an increase in children needing permanency. The Division will seek additional resources to support access increased access to legal representation. In addition, a work group will be established to develop a protocol for Division staff to access existing legal resources.

**Item 10: Permanency goal of other planned permanent living arrangement**

Refer to P1.6.5 a-f, regarding steps to increase the number and quality of resource families for older youth. In addition, in-service training for existing foster parents has been developed to assist them in working with the youth they foster on independent living skills.

**Permanency Outcome 2:**

**The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placements.**

This item was found to be substantially achieved.

**Item 12: Placement with siblings.**

This item focuses on a child's placement while they and their sibling(s) are in a foster care setting. Most of the stakeholders interviewed for the CFSR indicate that the agency attempts to place siblings together. The Children's Division has policy, which supports placement of siblings in the same alternative care setting. The agency will develop a policy requiring a Family Support Team (FST) meeting be held prior to separating siblings. Through the FST process, potential resource placements that would accept sibling groups may be discovered. Anticipated impact on the children will be fewer siblings separated and preserving connections and relationships between the siblings.

If a placement resource for the sibling group cannot be secured, and the siblings are separated, an administrative review process needs to occur. The agency will develop an administrative level review to occur within 30 days of the siblings' separation. Circuit Managers, regional staff and, as necessary, Central Office staff will review such cases in which the sibling group has been separated for 30 days. The purpose of the review will be to evaluate whether all viable options have been exhausted and determine if a subsequent FST meeting needs to occur to track case progress, including each child's current state of well-being, placement appropriateness, and placement options. Recommendations and feedback from the administrative review will be provided to the worker and his/her supervisor.

To augment this policy enhancement, the agency will also develop an ongoing training module regarding sibling placements for staff, foster parents, juvenile officers, GALs and judges. In order to accomplish this, the agency will develop a curriculum that emphasizes the importance of placing siblings together whenever possible by presenting information on sibling bonds, sibling rivalries, and the long-term effects of separation, etc. This training curriculum will be piloted in two

(2) sites. Feedback will be solicited for curriculum revisions. Once revised, the training will be evaluated for implementation statewide.

P2.12.2 refer to P1.6.5

### **Item 13: Visiting with Parents and siblings in foster care**

The agency has policy that addresses frequency of visitation. Visitation between parents and siblings of children in foster care is arranged on an individual basis and is intended to occur in either a neutral setting or in the out-of-home care placement. The agency recognizes the need to enhance policy to improve the quality and frequency of visitation between the child and their parents and siblings, through the use of community partners (such as relative, foster parent, school or other Family Support Team member) when possible. CD will incorporate the enhanced policy into BASIC and on-going training. Additionally, the agency will develop protocol and training for community partners and volunteers, who will be utilized to improve the frequency and quality of the visitation between the child and their parents/siblings. Please refer to the Training section of this PIP Narrative.

The agency will use the Practice Evaluation Team to provide support through technical assistance and case reviews, related to parent and sibling visits. A revision to the supervisory review tool, incorporating enhanced policy, will allow for oversight of parent and sibling visits.

### **Item 14: Preserving Connections**

During the onsite review stakeholders stated that the Children's Division is not consistent in its efforts to promote and maintain children's connections with community and extended family. The Annie E. Casey Foundation, in consultation with community leaders and child welfare practitioners nationwide, has developed a reform initiative called Family to Family, which will address this issue. The system envisioned by Family to Family is designed to:

- Be targeted to bring children in congregate or institutional care back to their neighborhoods;
- Involve foster families as team members in family reunification efforts;
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes;
- Provide permanent families for children in a timely manner.

This initiative is being piloted in St. Louis City. CD will evaluate the effectiveness of the program and feasibility for implementing the program statewide. The outcome of the evaluation will be shared with the Missouri Department of Social Service's Director in order to pursue resources for statewide implementation.

The agency needs will also develop an in-service training module on preserving the connection of children with their families for agency staff, case management contractors, court personnel and other community partners.

The agency recognizes that children of American Indian decent need to maintain familiar connection to encourage continued growth and learning of cultural traditions, activities and lifestyles. The agency will revise the Indian Child Welfare Act (ICWA) policy in Missouri.

Regarding searches for relatives/missing parents, please refer to P1.6.3.

### **Item 15: Relative Placement**

The agency views placement with relatives as a priority and makes concerted efforts to seek relatives as placement resources.

Alternative Care tracking system enhancements will be made to track the use of kinship and relative placements. Increasing system capacity to accurately track placement kinship vendor types is discussed in the narrative for Item 6.

Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren). It is also used to search for relatives to find the best possible placement for the child, which will lead to a quick and permanent solution for the child’s care. Action steps to improve diligent searches for parents and relatives are discussed in the narrative for Item 6.

The agency has training for kinship/relative resource providers called the Caregiver Who Knows the Child, which is an abbreviated version of the STARS curriculum used for licensing foster parents. Adequacy of this curriculum in educating and preparing the provider to care for the child in their home will be evaluated through a survey to all current kinship/relative providers. The supports provided to kinship/relative providers will also be evaluated through this survey to determine their effectiveness. Once the evaluation is completed, the information will be analyzed and changes, as determined to be necessary, will be incorporated into the existing curriculum. Support service needs will be prioritized and addressed within resource availability.

### **Item 16: Relationship of Children in Care with Parents**

A key concern found in the CFSR was a lack of consistent effort to maintain children’s relationships with the non-custodial parent; specifically noted were fathers. Conducting a “diligent search” is necessary to find missing parents early in the case to ascertain parents’ intentions regarding the child(ren). Action steps

to improve diligent searches for non-custodial parents are discussed in the narrative for Item 6.

Once parents are located, engagement of the parents in the case planning and decision making process is crucial to maintaining parent and child relationships. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will strengthen parent/child relationships. To strengthen worker and supervisor skills in engaging families the same action steps as those discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

### **Item 17: Needs and services of child, parents, foster parents**

Missouri policy requires an initial assessment of the family be completed within 30 days of receipt of a Hotline referral. A more in-depth family assessment (CD-14) is completed on the family if the case is open longer than 30 days. This assessment includes utilizing tools such as the genogram, eco-ma, and timeline. While these tools are helpful in engaging the family, the CD-14 will be revised to ensure a more a global assessment of family needs and strengths. See narrative discussion in Item 3 on improving family assessment and case planning tools.

Family engagement in the assessment process is crucial to improved case planning. Action steps for strengthening worker and supervisor skills in engaging families are discussed in the narrative for Item 3.

Assessing need and the provision of services for alternative care providers will be accomplished through the implementation of the “Confirming Safe Environments” work process. Action steps for implementation of this work process are discussed in Item 4 narrative.

Another means of assessing the needs of alternative care providers is through the development of a protocol for prompt response to foster parent requests and concerns. A workgroup will be established to develop a self-reporting tool that can be used by resource families to share their needs and concerns with division staff. The protocol developed will be distributed to the Policy Review Team for comment by frontline staff. Once developed, the tool will be field tested, revised as necessary, and distributed to all staff and placement providers.

Improved diligent search efforts will assist staff in assessing and meeting the needs of children and parents. Action steps for improving diligent search are discussed in the narrative for Item 6.

One way to assure the needs of children and families are met is to inform individuals of their rights and responsibilities during the time their child is in an alternative care placement. A handbook, outlining information such as court proceedings, case planning meetings, legal representation, financial responsibilities, etc., will be developed and shared with parents to guide and assist them during this time. Existing documents will be reviewed to develop one handbook used consistently throughout the state. This will be field tested by consumers and their input will be solicited. Based on this input, revisions to the handbook will be made. Policy regarding the handbook will be submitted to the Policy Review Team for comment by field staff. After final revisions are made, the handbook and accompanying policy will be distributed to all staff.

#### **Item 18: Child and family involvement in case planning**

Involving parents (including pre-adoptive parents or permanent caregivers) and children in identifying the services and goals included in the case plan was found to be an area needing improvement in Missouri. Stakeholders noted that parents were invited to attend FST meetings; however, parents may perceive their issues or concerns are not heard or incorporated into the planning process.

To address this issue, the Children's Division will strengthen worker and supervisor skills in engaging families in all aspects of the case planning process. The policy of the Division reflects a family-centered, strengths-based approach to child protection that includes family participation in case planning. This practice approach needs to be consistently embedded in training, supervision and consultations. CD will accomplish this by strengthening the engagement and assessment portions of BASIC Training, as well as providing supervisors with the guidance to assist staff in developing these skills. See Item s2.3.2a,b,c,d,e,f.

The lack of fathers involved in case planning was a key concern; many times mothers and age-appropriate children were not involved in process as well. To address the issue of non-custodial and/or other relatives participating in case planning, Missouri will develop a diligent search policy. To accomplish this, the Division will establish agreements with other state agencies for access to already existing databases as well as accessing diligent search in collaboration with Family Support Division and Office of State Courts Administrator. See Item P1.6.3

#### **Item 19: Caseworker visits with child**

The CFSR found the level of face-to-face contact between children's service workers and the children in their caseloads was not consistently sufficient to ensure children's safety and well being and promote case goals. This was especially evident in-home services cases. In other cases, visits failed to focus on issues pertinent to case planning, service delivery and goal attainment.



A statewide tracking measure, which will serve as the basis for a management report, is needed as a means of measuring and improving caseworker visits. Using current information systems, it is difficult to monitor past or current compliance. To track visits electronically, enhancements to the existing ACTS and FCS system will be made. Children's Division staff will meet with MIS SACWIS management to develop logic and a reporting format for tracking visits. Simultaneously a supervisory focus group will be utilized to inform what kind of supervisory reporting will be most useful. MIS/ SACWIS will then implement system changes.

In order to increase the frequency of worker visits with children in both intact and out-of-home families, policy regarding responsibility for visits and the documentation needed when visits did not occur in a timely way will be clarified. This policy clarification will address both frequency and quality of visits with children. Accountability for worker visits will be provided through development of a standardized performance appraisal, which will include expectations for worker visits with children. Additionally, frequency of worker visits will be improved through equalization of caseload size. Caseload size equalization will be accomplished through the development of a tracking system, which has monthly reporting capabilities, and targeting human resource investment accordingly.

New protocols that assure worker visits incorporate case planning, service delivery and goal attainment will be developed. These protocols will be submitted to the Policy Review Team and management for feedback prior to implementation. Once the memo and policy manual revisions on the protocol are distributed to all staff, training will be provided to existing workers and supervisors. Visit protocols will also be incorporated into BASIC training for new staff. Furthermore, supervisor and staff field practice will be improved and supported through utilization of the regional Practice Enhancement Teams (PETs). Protocols will include the Confirming Safe Environments concepts discussed in Item 2 narrative.

The quality and frequency of visits is dependent upon strong and positive relationships between foster parents and division staff. To strengthen these relationships, foster parent training and orientation will include division protocols on worker visits. Division staff will also be involved in STARS training for foster parents.

## **Item 20: Worker Visits with Parents**

The CFSR found that worker visits with parents was an area needing improvement. The CFSR results indicated that, overall, the frequency and quality of worker visits with both mothers and fathers were not sufficient to monitor the safety and well being of the child or promote attainment of case goal. The action steps necessary to enhance worker/parent visitation are the similar to those

outlined in the first three benchmarks in Item 19 which include: making changes to the ACTS and FCS systems to track visits with parents, clarifying policy on frequency of visits with parents and developing clear protocols for quality visits with parents that focus on case planning, service delivery and goal attainment.

## **Well Being Outcome 2:**

### **Item 21: Children receive appropriate services to meet their educational needs.**

This indicator focuses on addressing and meeting the educational needs of children in foster care and in-home services cases. Key concerns addressed in the CFSR report had to do with truancy and educational neglect in the in-home services cases reviewed. Of note was the adverse effect of placement changes on school attendance and performance.

Strengthening and promoting positive relationships between schools and the division is critical to improving the educational well-being of children in both intact families and out-of-home care. The first step in improving these relationships is to have educational personnel involved in the team decision-making process. Therefore, protocols establishing when educational personnel should be invited to family support team meetings will be developed.

Even when educators are included in FST's, there will still be instances when division staff needs additional assistance in advocating for the educational needs of children. For this reason, educational liaisons will be regionally assigned to assist staff in brokering educational services. This staff person will have the knowledge and expertise to help guide children through the educational system, especially as it relates to special needs issues and the Safe Schools Act.

The circuit self-assessment completed within each circuit will identify local barriers to providing appropriate educational services to children. Based on this assessment, a plan for addressing the local barriers with schools will be completed and implemented in each circuit. In addition, Children's Division central office administration will partner with the administration of the Department of Elementary and Secondary Education (DESE) to address identified barriers at the state level.

To improve the flow of educational records and reports between schools, a protocol will be developed for children in legal status three (LS3) to allow for custodial permission to access the educational and medical records necessary for enrollment. The regional educational liaison will also be used to work with schools and staff in getting records for enrollment when difficulties arise. In

addition, accountability measures for transferring educational records will be incorporated into the residential facility contracts to ensure these facilities are transferring records in a timely manner.

Incidence of educational neglect, truancy and suspensions of children in both intact families and out-of-home negatively affect educational well-being. The National Resource Center on Child Maltreatment and other national education resources will be accessed to assist in identifying risk factors for educational neglect, truancy and suspensions. Early identification of these risk factors will be incorporated into the CS-1 (Child Assessment and Case Plan) and the CD-14 (Family Assessment). A protocol for accessing early interventions for students found to be at risk and for children expelled due to implementation of the Safe Schools Act will be developed. The draft protocol will be distributed and implemented statewide.

### **Well Being Outcome 3:**

#### **Children Receive adequate services to meet their physical and mental health needs**

##### **Item 22: Physical health of the child**

Stakeholders indicated the Children's Division is consistent in ensuring the physical needs of the child in foster care are met. However, in some parts of the state, it is difficult to find a dentist that will accept Medicaid. This causes a lack of sufficient dental services for children in foster care.

In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self-assessment. Additionally, a dental coordinator will be assigned in his region. This staff person will have full knowledge of dental resources and funding streams within the region. At the state level, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. All staff and Medicaid dental providers will be notified of the regional dental coordinator. Additionally, the dental van program currently available in Jackson County will be expanded to other areas of the state.

Another concern identified was the lack of medical services for intact families. The Children's Division will increase the ability of staff to assess medical needs as well as access available medical resources for children and families. To identify needs with intact families, the CD-14 (Family Assessment) will be revised

to include an assessment of medical needs for each person in the family. The revised form and form instructions will be issued to all staff. Regional Practice Enhancement Teams (PETs) will be utilized to support practice protocols related to medical needs assessment.

### **Item 23: Mental health needs of the child**

Stakeholders indicated there are insufficient mental health services to meet the needs of children in foster care and in-home services cases in many areas of the state. Stakeholders also noted the agency has difficulty obtaining psychological services and substance abuse treatment services for children through state mental health agencies. Specific concerns included a lack of qualified therapists who understand child abuse and neglect, services for dually diagnosed children and services for children with a diagnosis of mental retardation and developmental disabilities.

The Children's Division will increase the ability of staff, foster parents and families to access available mental health resources. Mental health resources will be identified in each circuit through the circuit self-assessment and a mental health coordinator will be designated in each region to assist staff in accessing available resources for families. In an effort to encourage mental health providers to accept Medicaid, the division will work with the Division of Medical Services to reduce the administrative burden on Medicaid providers. Additionally, the development of the comprehensive state children's mental health plan discussed in Item 3 will coordinate the resources of multiple agencies and remove system barriers that might otherwise result in children not accessing all needed services.

Early identification of mental health needs is vital to ensuring the well-being of children and families. To assist staff in identifying these needs with intact families, the CD-14 (Family Assessment) will be revised to include an assessment of specific mental health needs of children and family members. The revised form and form instructions will be issued to all staff. Mental health needs assessment practice will then be supported through the use of Practice Enhancement Teams (PET) in each region.

Staff and foster parents must be cognizant of the mental health trauma a child may experience due to removal from the home and subsequent changes in placement. To increase awareness about these attachment and mental health issues, attachment issues training will be incorporated into the ongoing training curriculum. Implementation of HB 1453 will assist in reducing the number of moves a child in care experiences, thus reducing attachment-related trauma.

Provisions within HB 1453 include mandatory Family Support Team meetings prior to any move or with 72 hours of an emergency move.

## **Systemic Factors**

### **Statewide Information System**

**Item 24: System can identify the status, demographic characteristics, and location and goals of children in foster care.**

This item was found to be substantially achieved.

### **Case Review System**

**Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.**

This item was found to be an area needing improvement due to case plans not being developed jointly with the child's parent on a consistent basis. Though policy and practice support a strength-based process that empowers families, there is a need to embed that approach within the organization and ensure the family does not feel they have little input into a plan that is dictated by the court and/or agency. There was a concern regarding "cookie-cutter" plans that don't address the underlying needs or build on the unique strengths and resources of a particular family. Clearly articulated values and principles, which are consistently reinforced in the field and shared by key stakeholders, are essential in order to change practice.

Revising the assessment and case planning tools to be more user-friendly will assist with engaging families in the case planning process. The CD-14 will be revised to ensure a more a global assessment of family needs and strengths. See narrative discussion in Item 3 on improving family assessment and case planning tools.

Family participation in family support team meetings is directly related to the engagement of the family by the worker and the amount of preparation (or lack thereof) of the family ahead of time. Action steps for strengthening worker and supervisor skills in engaging families are discussed in the narrative for Item 3.

Practice relating to case planning must be monitored by supervisors. Action steps for improving supervisory capacity to monitor practice related to case planning is discussed in the narrative for Item 3.

Improving facilitation of family support teams will assure family and child concerns are heard during the team meetings. To improve facilitation of these meetings, the division will use existing advanced facilitation training and add it as a component of on the job training (OJT). A plan to “train the trainers” will be developed and implemented statewide.

**Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

The CFSR determined that FST meetings are not always held in a timely manner. Additionally, FSTs convened for the six month permanency review do not meet the Federal requirement of involving a third party participant.

The current policy will be revised to clarify FST requirements/procedures for inclusion of a third party participant in the six month review. Once developed, the revised policy will be sent to the policy review team and management for comment. Revision will be made based upon review comments and distributed to all staff.

In order to increase the ability to track the six month permanency review, the child assessment and case planning form (CS-1) will be revised to specifically denote the six month review. The revised form will be distributed to all staff. Additionally, Alternative Care Tracking System (ACTS) system logic will be developed and a field will be added to the SS-61 (ACTS form).

**Item 27: Provides a process that insures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

The CFSR determined the State does not consistently ensure that each child in foster care has a permanency hearing no later than 12 months from the date the child enters care and no less frequently than every 12 month thereafter. And, there is no statewide system in place for tracking the timeliness of permanency hearings. In addition, many of the 12-month hearings involve only “paper” reviews and full hearings are not being held unless one of the parties specifically requests it.

The Social Security Act, Title IV-E, SEC. 475 (5). [42 U.S.C. 675], mandates that states develop a case review system to assure “...each child in foster care under the supervision of the State has a permanency hearing, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months

after the date the child is considered to have entered foster care (as determined under subparagraph (F) and not less frequently than every 12 months thereafter during the continuation of foster care which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement...”

Section 210.720 of the Missouri Revised Statutes is consistent with the Act, stating that:

1. In the case of a child that has been placed in the custody of the division of family services... every six months after the placement, the foster family, group home, agency or child care institution with which the child is placed shall file with the court a written report on the status of the child. The court shall review the report and shall hold a permanency hearing within twelve months of initial placement and at least annually thereafter. The permanency hearing shall be for the purpose of determining in accordance with the best interests of the child a permanent plan for the placement of the child, including whether or not the child should be continued in foster care or whether the child should be returned to a parent, guardian or relative, or whether or not proceedings should be instituted by either the juvenile officer or the division to terminate parental rights and legally free such child for adoption.”

Reasons for noncompliance with above laws, specifically delays in such hearings, were analyzed and determined to fall into three major categories:

- Lack of legal representation for all parties to include Children’s Division staff, children, parents and juvenile officers;
- Inconsistency in permanency hearing practices; and
- Inconsistent or lack of tracking and notification of permanency hearings.

It was observed that legal representation played a crucial role in facilitating the timeliness of permanency hearings. It was noted that in many cases when parties were not represented on the appointed court date, hearings were reset for a later date on an already overloaded docket, thus delaying permanency. This issue is not limited to the legal representation of parents under contested situations, but also applied to children. Court appointed Guardian Ad Litem in various parts of the state are few and are not easily replaced at short notice. Competing opportunities for greater financial compensation and lack of training on Adoption and Safe Families Act (ASFA) guidelines may play a role in low prioritization of child welfare cases. In addition, many court appointed attorneys lack experience in the Juvenile/Family Court setting and are unfamiliar with associated laws. Although Children’s Division staff is required to submit status

reports and recommendations to the court in the best interest of children, they are seldom legally represented. Such legal representation would come from the Division of Legal Services (DLS). However, access to DLS attorneys is problematic given that much of the Children's Division staff is unaware of the resource and that DLS itself is understaffed due to budgetary constraints.

Attorneys that have been appointed by the court are in need of some formalized training in laws applying to permanency, including ASFA timeframes. Included in such training would be an explanation of their roles and responsibilities as appointed representatives of children and parents. The CD will coordinate with the Missouri Bar Association to either expand existing training or develop new training to focus on these issues. The Missouri Bar will lend legitimacy to such training and perhaps some accountability in practice. This training can then be folded into BASIC and on the job training.

In addition, Children's Division needs additional legal representation. CD will explore the expansion of legal services available for child welfare cases in partnership with Division of Legal Services (DLS). This will require a request to the legislature to increase budgetary allocations for this purpose. This may result in additional DLS attorneys or funds to allow for contracted services. In addition, a workgroup comprised of DLS and CD staff will develop a protocol outlining the process for accessing DLS attorneys.

CD will also continue to coordinate with Missouri law schools. Currently, several Missouri law schools are providing students to represent parties in Family/Juvenile Court cases. Expansion of this cooperation will be explored. Third, a protocol will be developed for use by Children's Division staff to access these attorneys. Understandably, given the shortage of resources, criteria will need to be established for priority cases.

Regardless of whether legal representation is provided to Children's Division staff or not, there is a need for training CD staff on witness skills and on the legal process in general. The purpose of this is not to provide professional expertise in the law, but rather to provide CD staff with the ability to conduct themselves in court in a competent manner to represent the best interest of the children they serve. The training will be developed collaboratively by CD and DLS. To assist staff on an on-going basis with legal issues, the development of a website or intranet link to house basic legal information and provide answers to some "frequently asked questions" (FAQ's) will be explored.

In some cases, review hearings are held at intervals that far exceed the expectations of the law. However, many of these reviews do not qualify as 'permanency hearings' by definition as they fail to address the required elements. Although frequent hearings may provide for added accountability of parties, the permanency of children is unaffected if a permanency plan and ASFA timeframes are not addressed. A concern is that there may be a lack of clarity within some courts as to the difference between a review hearing and a permanency hearing. Other situations have been noted where ASFA timeframes and permanency guidelines may indeed have been addressed, but not explicitly documented in



the court order. As such, permanency hearings are neither documented nor conducted consistently across the state.

Training will be provided with explicit guidance on what a 'permanency hearing' is as well as what must be addressed in those hearings. The training will be conducted on a statewide level to provide consistency in practice across circuits. The *Missouri Resource Guide for Best Practices in Child Abuse and Neglect Cases* has recently been used to provide standardized training, consistent with ASFA requirements to the judiciary and court staff across the state. This guide and training was developed at the initiation of the Missouri Supreme Court and had been well supported by the judiciary thus providing legitimacy. Children's Division staff will be included in the training. Several purposes will be served by this including consistency of practice between agencies, facilitation of working relationships between the agencies and pooling of training resources.

Currently, there is no statewide court system to track permanency hearings and ensure they are held in a timely manner. The Children's Division operates a statewide data system that tracks hearings and child placements. However, the information does not interact with the court docket, and therefore does nothing to alert the juvenile office to schedule permanency hearings when they are due. Some court circuits have a system of tracking hearings, but no statewide system exists. Notification of hearings is not consistent. This results in continuances and ultimately, delayed permanency. There is a lack of consistency as to who sends and who receives notice. Consequently, some parties are notified by the court, others notified by the Children's Division worker, while others are not notified at all. Likewise, the timing of such notification is also inconsistent.

A tracking system should be developed and maintained by courts, as they are responsible for scheduling hearings. Such a tracking system is currently being developed by the Office of State Courts Administrator (OSCA), but is not projected to be completed statewide in the near future. It was recommended that the Children's Division tracking system be used to update a court-based system especially with regards to addresses for the notification of parties. The Children's Division tracking system will be evaluated to determine its data integrity and to determine the possibility of capturing information on court hearings, such as those coming due, overdue, etc., and a mechanism for sharing this information electronically with Juvenile Courts. Also, existing court-based tracking systems should be investigated and a statewide system developed.

It is recommended that future hearings be set and documented on court orders while all parties are at hearings. This may facilitate notice to parties in a standardized and timely manner. There is an existing handbook for Circuit Clerks that outlines their responsibility to send notices and to whom they are sent. This information should be used to train Circuit Clerks statewide on consistent notification procedure.

The above reforms will be addressed through the development of an interagency work group to address system-wide Juvenile Justice issues regarding

consistency, communication and coordination across judicial circuits. Additionally, The Children's Juvenile Justice Commission recommended that the core aspects of the Court Improvement Project (time standards, what needs to be accomplished in the review, attorneys who need to be present, etc.) be expanded to five additional circuits. This expansion is currently underway with an evaluation process in place to determine further development statewide. The Court Improvement Project is also part of HB1453, which has been passed but not yet signed by the Governor. By addressing the issues listed above and working to expand the Court Improvement Project core requirements, improvements in permanency issues are expected to be obtained.

**Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

As stated in the Final Report, there were several barriers to ASFA compliance with regards to the TPR process in the State of Missouri. There was some overlap between these issues and the barriers for timely permanency hearings. For instance, lack of agency representation was addressed and listed as an action step for Systemic Factor 27 (See 27.2) as delays in permanency reviews may ultimately result in delays of Termination of Parental Rights. Legal representation of parents is many times lacking prior to a TPR hearing because the court ordered appointments are time limited. Since appointments expire, hearings are often delayed so that another appointment can be made. To address this, the Supreme Court rule will need to be amended so that parent's counsel is appointed to serve at all stages of the proceedings until jurisdiction is terminated. The Juvenile Court Improvement Project (JCIP) Steering Committee will need to make a recommendation to the Family Court Committee to consider this rule change.

As stated in Item 9, in many cases, the Juvenile Office files a petition for TPR. However, it is also the prerogative of the agency to do so when in the child's best interest. A number of methods will be used to prompt the agency to initiate TPR proceedings. The first is training on ASFA and reasonable efforts. If concurrent planning is to begin from the time a child enters care, frontline workers must not only be aware of ASFA timeframes and standards, but also intentionally working toward TPR while also working toward reunification. Training must deal with not only the reality that ASFA is relevant at the 72 hour FST, but also in how to conform to the law. Training must also address the skills that are needed for effective case planning, with parent and caregiver involvement, along with concurrent planning and the development of the case goal. Please refer to S2.3.2 a-f and P1.7.1 for action steps addressing these issues.

Additionally lack of service and reasonable efforts often delay TPR proceedings. A frequent cause is that the whereabouts or identity of the parent is unknown. In the spirit of exploring every possible placement option for the child, absent parents should be amongst the first considered. Although policy addresses the diligent search for absent parents, protocol will be developed to widen and document such efforts. Please refer to P2.15.2 for action steps on this issue.

Ideology and concern about the welfare of children can both present barriers to timely adoption/TPR. Typically, parties from the frontline worker to the judge/commissioner work to avoid creating 'legal orphans.' Although the concern is a valid one, it need not be the case. This issue could be addressed in two manners. The first is to boost the efforts and resources that support adoption. In addition to recruitment efforts to broaden the pool of potential adoptive parents, more assistance is needed in recruiting for specific children. Action steps for this issue are found in P1.6.5. a–f.

211.447 RSMo. addresses the filing of a petition for TPR in cases of infant abandonment and when no reasonable efforts are required. However, there is currently no timeframe in the statute. Modification of the statute to comply with ASFA is appropriate and would expedite permanency. To do this, the Children's Division will work in conjunction with the Office of the State Court Administrator (OSCA) to draft a proposal and obtain a legislative sponsor for the bill.

**Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

Notification to caregivers of children in alternative care is mentioned in three places in the Missouri Statutes. Although it is clear that the court is responsible to notify caregivers in both 211.464 RSMo. & 211.566 RSMo. (Foster Parent Bill of Rights), in Section 211.171 RSMo., no one is listed as the party responsible for such notification. Modification of the statute would make it consistent with language in the other two statutes and allay any ambiguity. To do this, the Children's Division will work with OSCA to develop a memorandum of understanding that will clarify roles and responsibilities relating to notification. Additionally, DSS and OSCA will meet to further discuss the need to address this matter in law, and if deemed necessary to draft a proposal and obtain a legislative sponsor for the bill.

## **Quality Assurance System**

**Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

This item was found to be substantially achieved.

**Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdiction where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and**

**needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

This item was found to be substantially achieved.

## **Training**

**Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

This item was found to be substantially achieved.

**Item 33: The state provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

A goal of the Children's Division is to institute a comprehensive, competency-based training program for front line staff and supervisors that contains both pre-service and ongoing in-service training. The training is being revised to strengthen the clinical focus and create linkages with the field through clinical supervision and mentoring that will support the transfer of learning via specified On the Job Training (OJT) activities. Research indicates that classroom training alone does not fully ensure the fidelity of good field practice. Practice excellence requires a training structure that blends learning approaches, including: competency-based, skill-building classroom training; long-distance, web-based learning that supports and supplements the classroom; and, On the Job Training that is consistently provided, processed, and evaluated by clinical field mentors and supervisors during daily interactions with staff.

The Staff Training and Development Unit has carefully examined current training, as well as results from agency quality assurance measures such as peer record reviews, practice development reviews, the Survey of Organizational Excellence, the CQI process, the COA standards, and audit reports. Other information such as feedback from field staff through focus groups and regionally conducted trainings as well as information gathered from other state training programs has also been considered. As a result, the Staff Training Unit is creating a new training structure that will provide required pre-service and in-service training for front line staff and supervisors during their first two years of employment.

The current Child Welfare Practice Pre-Service Basic Orientation Training is provided to all new front-line staff during their first three months of employment. The training is based on agency policy and practice and uses a variety of learning methods, including entry level skills practice and demonstration. The training follows the social work continuum with an emphasis on intake, assessment, case planning, treatment planning, service delivery and closure with

the family. Family systems, values, joining and engaging, cultural diversity and child development are also some of the topics addressed within the training.

The new advanced in-service training will build on the skills and knowledge gained by staff during the Child Welfare Practice pre-service training. This will be enhanced through specific skills practice and demonstration. In addition, the new structure will provide a framework to assess staff needs for additional elective in-service training during or beyond their first two years. This will be done through the use of classroom and On the Job Training evaluation and individualized professional development plans that will be created by supervisors and their staff to mutually assess skill acquisition and demonstration. The creation of a Training Advisory Committee comprised of clinical mentors, trainers and field staff will provide a network that will identify areas for practice improvement, assess training needs and assist in assessing individual staff competence as well as circuit competence.

There will be two key priorities upon which Staff Training and Development will focus as the agency moves toward attaining practice excellence. One will be the creation and implementation of new supervisory training, which will have both an administrative and clinical focus. The second area will be the development and implementation of required advanced in-service training for front line staff.

**Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

This item was found to be substantially achieved.

## **Service Array**

**Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

CFSR results indicated service array deficit in various areas of the state. Specifically noted was a lack of dental services; alcohol and drug abuse (ADA) services; foster homes for older youths, siblings groups, disabled and medically fragile children; parenting classes for teens; parent aides; interpretation services for non-English speaking consumers; and transportation services. Service array deficits were particularly noted in the rural areas of the state.

As service array varies from community to community, development of a statewide strategy to address service array deficits becomes problematic without a thorough understanding of the particular needs in each circuit. For this reason, an analysis of service array was incorporated into the circuit self-assessment.

In order to increase the ability of division staff to access dental care for families, each circuit will identify existing dental resources through the circuit self assessment process. Additionally, a dental coordinator will be regionally assigned. This person will have full knowledge of dental resources and funding streams within each region. In order to encourage dental providers to accept Medicaid, the division will partner with the Division of Medical Services to assess and develop a plan to reduce the administrative burden on Medicaid dental providers. To increase the flow of communication between the division and providers, they will be supplied with the name and contact information of the dental coordinator in their region. Additionally, the dental van program currently available in Jackson County will be expanded to other areas of the state.

The ADA section of the Department of Mental Health has indicated there are sufficient ADA services to meet the needs of families. However, division staff does not know how to appropriately connect families with these resources. To increase the ability of staff to access ADA services, the division will partner with the ADA section of the Department of Mental Health to develop a joint in-service training on the availability of ADA services and how they may be accessed.

In order to increase the availability of foster homes for older youth, siblings, and disabled or medically fragile children, the same strategies will be employed as found in the discussion in narrative Item 6. Strategies to be employed include developing a statewide recruitment campaign for respite providers; implementing performance based resource development contracts; collaboratively recruiting foster parents with the Department of Mental Health and the Division of Youth Services; implementing the recruitment and retention plan developed through the Chaffee program; and implementing the national Adopt US Kids campaign.

In order to increase the availability of and access to parenting classes, the division will, based on the circuit self-assessment, identify circuits most in need of parenting classes and parent aide services. Performance based contracts for family/parent aide and parenting class services will be developed to serve those circuits with an identified need.

So that the availability of non-English speaking services is increased, the division will, based on circuit self-assessment, identify circuits most in need of non-English speaking services. A recruitment plan for multi/bilingual staff will also be developed. Additionally, state forms will be made available in Spanish to accommodate Missouri's increasing Hispanic population.

In order to increase the availability of transportation services, the division will, based on circuit self-assessment, identify circuits which do not have transportation services available. Service organizations will be recruited regionally to provide transportation services. Additionally, transportation children's treatment services (CTS) contracts will be issued statewide

**Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

See narrative for Item 35.

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

CFSR findings indicated services are not available to meet the individualized needs of children and families. CTS flexible funding was not always available, service plans were found to be cookie cutter and services provided often did not correspond with the reason a child entered care.

To provide individualized services the Children's Division will expand existing services and increase funding for concrete services. See narrative for Item 35.

Individualized services are dependent upon the quality of the initial assessment and subsequent case planning. Strengthening worker and supervisor skills in engaging families in the assessment and case planning process will assure services are individualized to meet child and family needs. To accomplish this, the same action steps discussed in the narrative for Item 3 will be employed and include: conducting focus groups to identify clinical support needs, establishing baseline information, developing worker discussion guides, and enhancing case planning part of BASIC curriculum for new staff.

## **Agency Responsiveness to the Community**

**Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster car providers, the judicial court, and other public and private child- and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP.**

This item was found to be substantially achieved.

**Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.**

This item was found to be substantially achieved.

**Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

This item was found to be substantially achieved.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

This item was found to be substantially achieved.

**Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

This item was found to be substantially achieved.

**Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

This item was found to be substantially achieved.

**Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

Strategies used to ensure the diligent recruitment of foster and adoptive families are the same the action steps discussed in the narrative in Item 6 and include; developing a statewide recruitment campaign for respite providers; implementing performance based resource development contracts; collaboratively recruiting foster parents with the Department of Mental Health and the Division of Youth Services; implementing the recruitment and retention plan developed through the Chaffee program; and implementing the national Adopt US Kids campaign. See matrix P1.6.5.a-f.